

# 48-HOUR NOTICE OF CONTRIBUTIONS/LOANS RECEIVED

(See Reverse Side for Instructions)

To be used to report all contributions (including loans) of \$1000 or more, received within 20 days of the election.

<b>1. NAME OF COMMITTEE IN FULL</b> <b>FRIENDS FOR KATHY BARNETTE</b>			
<b>ADDRESS</b> (number and street) PO BOX 659			
<b>CITY</b> HUNTINGDON VALLEY	<b>STATE</b> PA	<b>ZIP CODE</b> 19006-0659	
<b>2. NAME OF CANDIDATE</b> BARNETTE, KATHY, , ,		<b>3. OFFICE SOUGHT</b> (State and District) House PA 04	
<b>4. FEC IDENTIFICATION NUMBER</b> C00734731			
<b>5. IS THIS AN AMENDMENT?</b> <input checked="" type="checkbox"/> NO, THIS IS A NEW FILING <input type="checkbox"/> YES, IT AMENDS THE NOTICE FILED ON _____ / _____ / _____			

<b>A. FULL NAME</b> <b>THOMPSON, EDWIN, , ,</b>  <b>MAILING ADDRESS</b> 612 MANN RD  <table style="width: 100%;"> <tr> <td style="width: 33%;"><b>CITY</b> HORSHAM</td> <td style="width: 16.5%;"><b>STATE</b> PA</td> <td style="width: 16.5%;"><b>ZIP CODE</b> 19044-1502</td> </tr> </table>	<b>CITY</b> HORSHAM	<b>STATE</b> PA	<b>ZIP CODE</b> 19044-1502	<b>Name of Employer</b> INFORMATION REQUESTED  <b>Transaction ID : 64D239315D9FF4A24</b>  <b>Occupation</b> INFORMATION REQUESTED	<b>Date (month, day, year)</b> 05/14/2022	<b>Amount</b> 2900.00
<b>CITY</b> HORSHAM	<b>STATE</b> PA	<b>ZIP CODE</b> 19044-1502				
<b>B. FULL NAME</b> <b>SUPKA, KEVIN, , ,</b>  <b>MAILING ADDRESS</b> 1408 STOCTON ROAD  <table style="width: 100%;"> <tr> <td style="width: 33%;"><b>CITY</b> MEADOWBROOK</td> <td style="width: 16.5%;"><b>STATE</b> PA</td> <td style="width: 16.5%;"><b>ZIP CODE</b> 19046</td> </tr> </table>	<b>CITY</b> MEADOWBROOK	<b>STATE</b> PA	<b>ZIP CODE</b> 19046	<b>Name of Employer</b> LPL FINANCIAL  <b>Transaction ID : 69CC5345FDD734269</b>  <b>Occupation</b> FINANCIAL EXECUTIVE	<b>Date (month, day, year)</b> 05/14/2022	<b>Amount</b> 1000.00
<b>CITY</b> MEADOWBROOK	<b>STATE</b> PA	<b>ZIP CODE</b> 19046				
<b>C. FULL NAME</b> <b>CRAWFORD, DONNELL, , ,</b>  <b>MAILING ADDRESS</b> 1110 E MAIN ST  <table style="width: 100%;"> <tr> <td style="width: 33%;"><b>CITY</b> CLARION</td> <td style="width: 16.5%;"><b>STATE</b> PA</td> <td style="width: 16.5%;"><b>ZIP CODE</b> 16214</td> </tr> </table>	<b>CITY</b> CLARION	<b>STATE</b> PA	<b>ZIP CODE</b> 16214	<b>Name of Employer</b> SELF  <b>Transaction ID : 66FA6423E1AE0429E</b>  <b>Occupation</b> HAIRDRESSER	<b>Date (month, day, year)</b> 05/14/2022	<b>Amount</b> 1000.00
<b>CITY</b> CLARION	<b>STATE</b> PA	<b>ZIP CODE</b> 16214				
<b>D. FULL NAME</b> <b>FIRST CAPITAL PAC</b>  <b>MAILING ADDRESS</b> PO BOX 82  <table style="width: 100%;"> <tr> <td style="width: 33%;"><b>CITY</b> NEW CUMBERLAND</td> <td style="width: 16.5%;"><b>STATE</b> PA</td> <td style="width: 16.5%;"><b>ZIP CODE</b> 17070-0082</td> </tr> </table>	<b>CITY</b> NEW CUMBERLAND	<b>STATE</b> PA	<b>ZIP CODE</b> 17070-0082	<b>Name of Employer</b>  <b>Transaction ID : 6BB23D4F3E71E4E1!</b>  <b>Occupation</b>	<b>Date (month, day, year)</b> 05/14/2022	<b>Amount</b> 1000.00
<b>CITY</b> NEW CUMBERLAND	<b>STATE</b> PA	<b>ZIP CODE</b> 17070-0082				
<b>E. FULL NAME</b>  <b>MAILING ADDRESS</b>  <table style="width: 100%;"> <tr> <td style="width: 33%;"><b>CITY</b></td> <td style="width: 16.5%;"><b>STATE</b></td> <td style="width: 16.5%;"><b>ZIP CODE</b></td> </tr> </table>	<b>CITY</b>	<b>STATE</b>	<b>ZIP CODE</b>	<b>Name of Employer</b>  <b>Occupation</b>	<b>Date (month, day, year)</b>	<b>Amount</b>
<b>CITY</b>	<b>STATE</b>	<b>ZIP CODE</b>				

<b>SIGNATURE (optional)</b> HANKINS, BRENDA, , ,  <div style="text-align: center;">[Electronically Filed]</div>	<b>DATE</b> 05/16/2022	<b>For further information contact:</b> Federal Election Commission 999 E Street, NW, Washington, DC 20463 Toll Free 800-424-9530, Local 202-694-1100
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Any information copied from reports and statements filed under the Federal Election Campaign Act may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes other than using the name and address of any political committee to solicit contributions from such committee.

**FEC FORM 6**  
(Revised 03/2016)